

U.S. Army Influenza Activity Report

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Week Ending 7 January 2012 (Week 1)

All data are preliminary and may change as more reports are received.

2011-2012 Seasonal Influenza Vaccination Coverage As of 7 JAN 2012

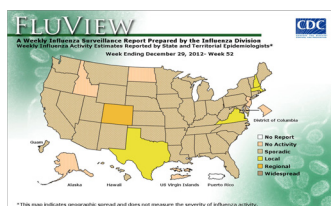
94%	DOD
96%	Army Active Duty
91%	Army Guard
76%	Army Reserve

SYNOPSIS: The 2011-2012 data continue to show a lower burden of respiratory disease than in 2010-2011.

- **Viral specimens:** Of 172 specimens submitted for week 1 of 2012, 3% were positive for influenza.
- **Influenza cases:** 30 influenza cases have been reported in DRSI through week 52 of 2011.
- **Hospitalizations & Fatalities:** Nine cases of influenza among Army beneficiaries have been hospitalized during this influenza season; there have been no fatalities.
- **Outpatient ILI Surveillance:** ILI activity within ESSENCE indicates both AD and beneficiary visits were lower this year than last year at this time.

* **Note Army H3N2v Guidance on page 2.**

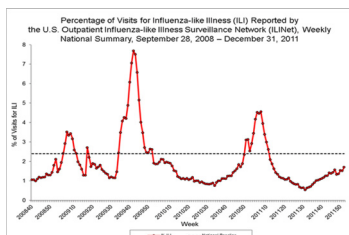
Geographic Influenza Spread



Geographic spread of influenza in the United States

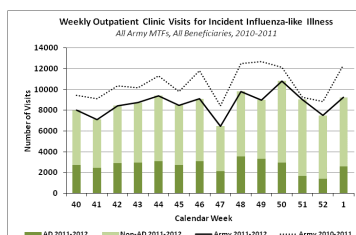
- Only Colorado reported regional influenza activity.
- Four states reported local activity (Virginia, Massachusetts, New Hampshire, and Texas).
- Puerto Rico did not report.
- The remaining states and territories reported sporadic cases or no influenza.

ILI Activity United States



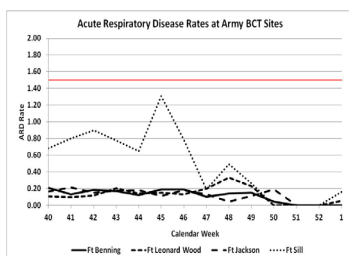
- For week 52 (2011), 1.7% of outpatient visits reported through ILINet were due to influenza-like illness (ILI).
- This percentage is below the national baseline of 2.4%.

ILI Activity Army



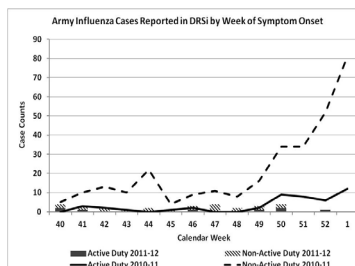
- Outpatient incident visits for ILI at Army facilities were 25% lower in week 1 of 2012 than in week 1 of 2011.
- As in the previous season, ILI visits increased in week 1 of 2012 compared to week 52 of 2011 by 23%; this is likely due to the effect of the holidays.

Acute Respiratory Disease Surveillance



- ARD rates continue to be low and have returned to pre-holiday rates at all reporting BCT Sites.
- Type 4 ADV remains predominant at all BCT sites.

DRSi Influenza Case Reporting

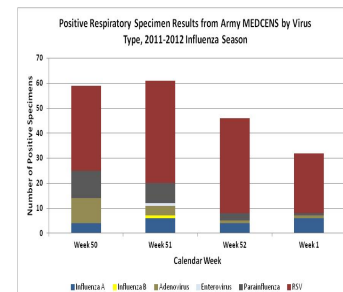


- 30 cases of influenza have been reported in the 2011-2012 season
- Eight (27%) cases were among active duty Soldiers, and 22 (73%) were among dependents.
- Nine (30%) of these cases required hospitalization.

Army Laboratory Testing

Army MEDCEN Laboratory Results					
Test Result	Week 50	Week 51	Week 52	Week 1	Total
Influenza A	4	6	4	6	20
Influenza B	0	1	0	0	1
Adenovirus	10	4	1	1	16
Enterovirus	0	1	0	0	1
Parainfluenza	11	8	3	1	23
RSV	34	41	38	24	137
Negative	353	243	209	140	945
Total Results	412	304	255	172	1143

- In the last 4 weeks, 198 of the 1,143 samples submitted (19%) were positive for a respiratory disease organism.
- Of positive samples, 69% were identified as RSV.
- Parainfluenza and adenovirus accounted for 12% and 8% of all positive samples, respectively.
- Influenza A accounted for 10% of positive specimens.
- Five MEDCENS submitted reports for week 1 (2012).



Additional Resources: [CDC; AFHSC Influenza Reports; Army Influenza Reports; ARD Reports; NHRC FRI Reports; DoD Global Influenza Surveillance Program; DoD Pandemic Influenza Watchboard](#)

Key: ILI - Influenza-Like Illness; DRSI- Disease Reporting System Internet; ARD - Acute Respiratory Disease; NHRC - Naval Health Research Center; ADV - Adenovirus; RSV - Respiratory Syncytial Virus

Questions?

<http://phc.amedd.army.mil>

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Army Influenza A H3N2v Guidance

- According to the CDC, influenza (H3N2) variant [A(H3N2)v] virus is an influenza virus that contains genes from human, avian, and swine origins. The virus has been detected in 12 persons in the U.S. since July 2011. Severity of the illness has been similar to seasonal influenza. Most influenza A(H3N2)v infections have resulted in self-limited, mild respiratory illnesses; however, three persons have been hospitalized. None have died. Human infections followed contact with swine or limited human-to-human transmission. Most of these cases occurred among children. Seasonal influenza vaccine may confer partial protection.
- Due to the ongoing identification of patients with influenza A H3N2v virus infection and potential for cases to increase, CDC developed targeted patient rRT-PCR testing guidelines to facilitate detection and investigation of cases (<http://cdc.gov/flu/swineflu/h3n2v-surveillance.htm>).
- In accordance with CDC recommendations, Army health care personnel should consider influenza testing and subtyping for:
 - Patients presenting with severe or unusual presentations of ILI (i.e., hospitalized cases of influenza)
 - Case clusters of ILI (particularly among children in schools or child development centers)
- The Army MTFs listed below as well as the Walter Reed National Military Medical Center have the assays required in the CDC guidelines. Untypable specimens should be forwarded to the CDC as outlined in the guidelines. Detailed laboratory guidance will be provided through laboratory channels.
- Army Preventive Medicine personnel should report confirmed, probable or suspected influenza A(H3N2)v cases in DRSi (include subtyping results in comments field). Cases should also be reported to local public health authorities IAW local policy. If feasible, contact tracing of confirmed, probable or suspected influenza A(H3N2)v cases is recommended to assist in better understanding the epidemiology of this influenza virus. Case definitions can be found at (<http://www.cdc.gov/flu/swineflu/case-definitions.htm>)

MTFs with Influenza Subtyping Capability

- Brian Allgood Army Community Hospital
- Tripler Army Medical Center
- Madigan Army Medical Center
- William Beaumont Army Medical Center
- Brooke Army Medical Center
- Carl R. Darnall Army Medical Center
- Eisenhower Army Medical Center
- Womack Army Medical Center
- Walter Reed National Military Medical Center
- Landstuhl Regional Medical Center

Additional Resources: [CDC](#); [AFHSC Influenza Reports](#); [Army Influenza Reports](#); [ARD Reports](#); [NHRC FRI Reports](#) ; [DoD Global Influenza Surveillance Program](#); [DoD Pandemic Influenza Watchboard](#)

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